



1997 ECONOMIC CENSUS
MISCELLANEOUS REAL ESTATE SERVICES

OMB No. 0607-0834: Approval Expires 12/31/99

DUE DATE FEBRUARY 12, 1998

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

Please read the accompanying instructions before answering the questions.

Census use

FI-6503

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

If this questionnaire does not seem to apply to your business, complete it to the extent possible and explain in REMARKS section – this should fulfill your reporting requirements and will reduce followup correspondence.

Item 1. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No – Report current EIN below

(9 digits)

Item 2. PHYSICAL LOCATION

a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No – Report physical location below

Number and street

City, town, village, etc. State ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 2 No 3 No legal boundaries 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough 2 Town or township 3 Other – Specify 4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

Item 3. OPERATIONAL STATUS

a. How many months during 1997 was this establishment actively operated?

002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

Note: Complete the remainder of this report for the period operated even if the establishment ceased operation during 1997.

001 1 In operation 2 Temporarily or seasonally inactive 3 Ceased operation – Give date at right 4 Sold or leased to another operator – Give date at right AND enter name, etc., below

Figures only

Month Year

Name of new owner or operator

Number and street

City State ZIP Code

HOW TO REPORT DOLLAR FIGURES

Dollar figures should be rounded to thousands of dollars.

Example: If a figure is \$1,125,628.79 report

Preferred

Acceptable

Item 4. DOLLAR VOLUME OF REVENUE

Revenue in 1997

Item 5. PAYROLL

Payroll in 1997, BEFORE DEDUCTIONS

a. Annual

b. First quarter (January–March)

Item 6. EMPLOYMENT

Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)

Item 7. LEGAL FORM OF ORGANIZATION

Mark (X) the ONE box which best describes this establishment during 1997.

003 1 Individual proprietorship 2 Partnership 3 Government – Specify 4 Corporation 5 Subchapter "S" corporation 6 Other – Specify

CONTINUE WITH ITEM 8 ON PAGE 2

Item 8. KIND OF BUSINESS OR ACTIVITY
What was this establishment’s PRINCIPAL kind of business or activity in 1997?

Mark (X) only ONE box. 070

- Appraiser – real estate☐ 6531601
- Listing service – real estate☐ 6531901
- Auction service – real estate☐ 6531902
- Escrow agent – real estate☐ 6531903
- Fiduciary agent – real estate☐ 6531904
- Real estate consultant☐ 6531905
- Real estate agent or broker – residential☐ 6531104
- Real estate agent or broker – nonresidential☐ 6531202
- Real estate asset management☐ 6531906
- Other real estate service – Describe☐ 7777771

- Insurance agent or broker☐ 6411106
- Other kind of business or activity – Describe☐ 7777777

Item 9. SOURCES OF REVENUE
Report sources of revenue for this establishment either as dollar figures or as whole percents of total revenue. (See HOW TO REPORT DOLLAR FIGURES on page 1 and HOW TO REPORT PERCENTS, below) Do NOT combine data for two or more lines.

HOW TO REPORT PERCENTS	If figure is 38.76% of total sales: • Report whole percents	Mil.	Thou.	Dol.	Percent		
					39		
					38.76		
Sources of revenue	Census use	ESTIMATES are acceptable. Report dollars OR percents.					
		Bil.	Mil.	Thou.	Dol.	Percent	
1. Real estate appraisal fees	850 2270	851				852	
2. Title insurance commissions	2421						
3. Other insurance commissions	2429						
4. Real estate escrow services	2250						
5. Real estate listing service fees	2280						
6. Real estate consulting fees	2240						
7. Real estate auction fees and commissions	2290						
8. Real estate fiduciary fees	2260						
9. Real estate asset management fees	2210						
10. Real estate brokerage fees and commissions for listing, sales, and rental	2100						
11. Fees charged to real estate agents for office use, advertising, publicity, etc.	2110						
12. Other revenue – Specify 076	9810						
13. TOTAL (Should equal item 4 if reporting in dollars)	9990					100%	

ITEM 10. Not applicable to this report.

Item 11. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (CFN) (shown in the address label immediately after CFN) a zero?

- 1 ☐ Yes – Complete this item
- 2 ☐ No – Skip to item 12

b. Is this company owned or controlled by another company?

- 097 1 ☐ Yes →
- 2 ☐ No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 ☐ Yes →
- 2 ☐ No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

d. How many establishments operated under the Employer Identification Number (EIN) shown in the label (or as corrected in item 1) AT THE END of 1997?

Number 079

If more than one, provide the physical location address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

Name	1997	Mil.	Thou.	Dol.
		081		
Number and street	Revenue			
		082		
City	State	ZIP Code		
Kind-of-business description	Paid employees for pay period including March 12			
	083			
	Census use 088			
Name	1997	Mil.	Thou.	Dol.
		081		
Number and street	Revenue			
		082		
City	State	ZIP Code		
Kind-of-business description	Paid employees for pay period including March 12			
	083			
	Census use 088			

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 12. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM:	Mo.	Year	TO:	Mo.	Year
Name of person to contact regarding this report – Print or type						
Title						
Telephone	Area code	Number	Extension			
Signature of authorized person						Date